

NOTE: Furnish the following information about each of your marriages. A certified copy of the public or church record of your CURRENT marriage is required.

29A. DATE AND PLACE OF MARRIAGE	29B. TO WHOM MARRIED	29C. TERMINATED (Death, Divorce)	29D. DATE AND PLACE TERMINATED

FURNISH THE FOLLOWING INFORMATION ABOUT EACH PREVIOUS MARRIAGE OF YOUR PRESENT SPOUSE

30A. DATE AND PLACE OF MARRIAGE	30B. TO WHOM MARRIED	30C. TERMINATED (Death, Divorce)	30D. DATE AND PLACE TERMINATED

IDENTIFICATION OF CHILDREN AND INFORMATION RELATIVE TO CUSTODY

NOTE: Furnish the following information for each of your unmarried children. A certified copy of the public or church record of birth or court record of adoption is required.

31A. NAME OF CHILD (First, middle initial, last)	31B. DATE OF BIRTH (Month, day, year)	31C. SOCIAL SECURITY NUMBER OF CHILD	31D. CHECK EACH APPLICABLE CATEGORY				
			MARRIED PREVIOUSLY	STEPCHILD OR ADOPTED	ILLEGITIMATE	OVER 18 ATTENDING SCHOOL	SERIOUSLY DISABLED

31E. NAME(S) OF ANY CHILD(REN) NOT IN YOUR CUSTODY	31F. NAME AND ADDRESS OF PERSON HAVING CUSTODY	31G. MONTHLY AMOUNT YOU CONTRIBUTE TO CHILD'S SUPPORT \$
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32A. IS YOUR FATHER DEPENDENT UPON YOU FOR SUPPORT? <input type="checkbox"/> YES <input type="checkbox"/> NO (If "YES," complete Item 32B)	32B. NAME AND ADDRESS OF DEPENDENT FATHER	32C. IS YOUR MOTHER DEPENDENT UPON YOU FOR SUPPORT? <input type="checkbox"/> YES <input type="checkbox"/> NO (If "YES," complete Item 32D)
32D. NAME AND ADDRESS OF DEPENDENT MOTHER	32E. NAME AND ADDRESS OF NEAREST RELATIVE	32F. RELATIONSHIP OF NEAREST RELATIVE

NET WORTH OF VETERANS AND DEPENDENTS

NOTE: Items 33A through 33D should be completed ONLY if you are applying for nonservice-connected pension.

ITEM NO.	SOURCE	AMOUNTS				
		VETERAN	SPOUSE	NAME OF CHILD(REN)		
33A	STOCKS, BONDS, BANK DEPOSITS	\$	\$	\$	\$	\$
33B	REAL ESTATE (Do not include residence)					
33C	OTHER PROPERTY					
33D	TOTAL NET WORTH	\$	\$	\$	\$	\$

INCOME RECEIVED AND EXPECTED FROM ALL SOURCES

NOTE: Items 34A through 39B should be completed ONLY if you are applying for nonservice-connected pension.

34A. HAVE YOU OR YOUR SPOUSE APPLIED FOR OR ARE YOU RECEIVING OR ENTITLED TO RECEIVE ANY BENEFITS FROM THE SOCIAL SECURITY ADMINISTRATION (OTHER THAN SSI) OR RAILROAD RETIREMENT BOARD? <input type="checkbox"/> YES <input type="checkbox"/> NO (If "YES," complete Items 34B thru 34F as applicable)	34B. MONTHLY AMOUNT (Include Medicare Deduction)	34C. BEGINNING DATE	34D. DATE YOU EXPECT BENEFITS TO BEGIN
	VETERAN \$		
	SPOUSE \$		
	34E. WILL YOU OR YOUR SPOUSE APPLY FOR EITHER BENEFIT DURING THE NEXT 12 MONTHS? <input type="checkbox"/> YES <input type="checkbox"/> NO	34F. DATE OF INTENTION TO APPLY	
		VETERAN	SPOUSE

35A. HAVE YOU OR YOUR SPOUSE APPLIED FOR OR ARE YOU RECEIVING OR ENTITLED TO RECEIVE ANNUITY OR RETIREMENT BENEFITS OR ENDOWMENT INSURANCE FROM ANY OTHER SOURCE?
☐ YES ☐ NO (If "YES," complete Items 35B through 35E)

YOU MUST SIGN AND DATE THIS FORM AT THE BOTTOM OF PAGE 10.